



Section 1 – Necessary Slips, Summaries, and Receipts

- | | |
|---|--|
| <input type="checkbox"/> 2016 Notice of Assessment | <input type="checkbox"/> 2017 Instalments Paid (if applicable) |
| <input type="checkbox"/> 2016 Tax Return (<i>new clients only</i>) | <input type="checkbox"/> 2017 Questionnaire, completed |
| <input type="checkbox"/> 2017 Tax Information Slips | <input type="checkbox"/> PIPEDA Consent Form, signed |

Section 2 – Identification and Contact Information **NO CHANGES – GO TO SECTION 3**

	Individual	Spouse (if applicable)
Name:		
Social Insurance Number:		
Birth Date (mm/dd/yy):		
Citizenship:		
U.S Green Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a US Tax Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Phone 1 (Work):		
Phone 2 (Home):		
Phone 3 (Cell):		
Fax:		
Email Address:		
Marital Status:		
Date Change in Marital Status:		
Prepare 2017 return? If no, please provide the figure from line 236 on page 2 of their 2017 return.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for the Disability Tax Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own Foreign Property with a cost of more than \$100,000? Please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorize CRA to provide data about you to Elections Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependents:	1	2	3	4
Name:				
Social Insurance Number:				
Relationship:				
Birth Date (mm/dd/yy):				
Citizenship:				
U.S Green Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a US Tax Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepare 2017 return? If no, please provide the figure from line 236 on page 2 of their 2017 return.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for the Disability Tax Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In Post Secondary School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorize Tuition Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorize CRA to provide data about you to Elections Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2017 Personal Income Tax Questionnaire

Section 3 – Income and Deductions

Income	Deductions/Credits ***please include receipts***
Employment Income – T4	Charitable Donations
Profit Sharing Income	Political Contributions
Commission Income	Labour-Sponsored Funds
Old Age Security Income – T4A(OAS)	RRSP Contributions
Canada Pension Plan – T4A(P)	Moving Expenses
Other Pensions/Annuities – T4A	Tuition Fees for Self – T2202A/TL11
Withdrawals from RRIF – T4RIF	Tuition for Spouse/Dependents
Withdrawals from RRSP – T4RSP	Transit Passes
EI Benefits – T4E	Child Fitness and Arts Receipts
Workers Compensation	Interest on Student Loans
Social Assistance Payments	Employment Expenses *Section 4
Universal Child Care Benefits – RC62	Alimony/Support Paid
Dividend Income – T3/T5	Disability Amount – T2201
Interest Income – T3/T5	Medical Expenses
Limited Partnership Income – T5013	Rent Paid
Alimony Income	Property Taxes Paid
Self Employment Income *Section 4	Safety Deposit Box Fees
Rental Property Income *Section 5	Union Dues/Professional Fees
Sale of Real Estate *Section 6	Child Care Expenses
Sale of Non-RRSP Stocks or Mutual Funds *Section 7	Investment Loan Interest (Non-RRSP)
Other Income:	Instalments
	Other Deductions/Credits:

Any other information you feel may be important for income tax filings?

2017 Personal Income Tax Questionnaire

Section 4 – Employment Expenses/Self Employment *Please attach a separate paper if need be*

Employment Expenses

1. Please ensure that you have signed a **T2200 - Declaration of Employment Conditions**. Provide us with a copy, and keep the original should the government ask for you to substantiate this claim.
2. Did your employer provide you with an automobile? No (Please complete **Section 4B**) Yes
3. Is your employer registered for HST? Yes No
4. Were you reimbursed by your employer for part or all of expenses? All Reimbursed
 Not reimbursed Partly (If not reimbursed or partly, please complete **Section 4C**)
5. Were you required to operate an office from your home?
 Yes (Please complete **Section 4D**) No

Self Employment Income and Expenses

1. Please fill the details in below:

Name of Business:		Type of Business:	
Address:		Percentage Owned:	
		Joint Owner's Name(s):	
2017 Revenue from Self Employment: (excluding HST): \$			
2017 HST Collected: \$			

2. Did you use an automobile for business? Yes (Please complete **Section 4B**) No
3. Are you registered for HST? Yes Yes, but I have filed my own return No
4. Please complete the expense sheet in **Section 4C**.
5. Did you have a home office? Yes (Please complete **Section 4D**) No

Section 4B Automobile Expenses	
Year and Make:	
Purchase Price:	\$
Year Purchased:	
Total km driven in 2017: _____	
Km relating to Employment or Business: _____	
	Total for 2017
Fuel:	\$
Repairs/Maintenance:	\$
Insurance:	\$
Licensing:	\$
Loan Interest:	\$
Lease Payments*:	\$
Auto Club Membership:	\$
407 ETR:	\$
Any 'per km' allowance received:	\$
*If leased, provide a copy of the lease paperwork	
**If a vehicle was disposed of in 2017, please provide details	

Section 4C Employment/Self Employment Expenses	
Accounting/Legal Fees:	\$
Advertising:	\$
Licenses/Dues/Fees:	\$
Insurance:	\$
Interest/Bank Charges:	\$
Meals/Entertainment:	\$
Office Supplies:	\$
Lodging/Travel:	\$
Parking:	\$
Rent:	\$
Salaries*:	\$
Telephone:	\$
Other:	\$
	\$
	\$
	\$
Total Amounts Reimbursed**	\$
*Self Employment Only **Employment Only	

Section 4D – Home Office Expenses			
Percentage of Dwelling used for Business or Employment: _____ %			
	Total for 2017		Total for 2017
Heat:	\$	Mortgage Interest:	\$
Hydro:	\$	Property Taxes/Rent:	\$
Maintenance/Repairs:	\$	Insurance:	\$
Water:	\$	Other:	\$

2017 Personal Income Tax Questionnaire

Section 5 – Rental Property Income and Expenses

*attach additional copies for multiple properties

Address:		
Percentage Owned:		
Joint Owner Name:		
Income (rent collected)		\$
Expenses		
Advertising:		\$
Condo Fees:		\$
Insurance:		\$
Mortgage Interest:		\$
Repairs/Maintenance:		\$
Property Taxes:		\$
Salaries/Administration		\$
Utilities:		\$
Other Expenses:		\$
		\$
		\$
Major Renovations and Purchases		
<i>for example, Appliances</i>		
		\$
		\$
		\$
Please provide purchase documents if the property was purchased in 2017.		

Section 6 – Sale of Real Estate

Excluding Principal Residence

Address:		
Percentage Owned:		
Joint Owner Name:		
Date Purchased:		
Purchase Price:		\$
Legal Cost on Purchase:		\$
Additions or Major Improvements:		
Year:		\$
Year:		\$
Year:		\$
Year:		\$
Date Sold:		
Sale Price:		\$
Legal Cost on Sale:		\$
Insurance:		\$
Commissions Paid:		\$
Other Selling Expenses:		\$
		\$
		\$
Please provide the purchase and sale legal documents.		

Section 7: Sale of Non-RRSP Stocks and Mutual Funds

1. Non-RRSP Stocks – *please provide broker's summary for both the purchase and the sale*

Name of Stock	Date Sold (mm/dd/yy)	Number of Shares	Sale Price*	Purchase Price*	Commissions Paid

2. Non-RRSP Mutual Funds (including systemic withdrawal programs)

- Please provide the December 31, 2017 year end statements for all your non-RRSP mutual funds. These statements were sent to you by the mutual fund companies in January 2018. The statements show all transactions for 2017, including any sale, redemption, or transfer of your shares in the mutual fund during the year.
- List all of your mutual funds that had shares sold or transferred during 2017:
